

**Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
State Opioid Response Grant (SOR)**

**Annual Formula Based Allocation of State Opioid Response Grant for WV:
\$27,910,443**

Project period: Up to two years

Application due by August 13, 2018

“Grantees will develop and provide opioid misuse prevention, treatment, and recovery support services for the purposes of addressing the opioid abuse and overdose crisis within the state.”

Purpose

Increase access to medication-assisted treatment for Opioid Use Disorder using FDA approved medications

Reduce unmet treatment needs

Reduce overdose related deaths through

- Prevention
- Treatment
- Recovery Activities

Grantees are required to:

- Uses epidemiological data to demonstrate the critical gaps in availability of treatment:
 - Geographic
 - Demographic
 - Service Level
- Utilize evidence-based implementation strategies to rapidly and adequately address gaps

“The programs **supplements activities pertaining to opioids currently undertaken by the state** agency and will support a comprehensive response to the opioid epidemic. The results of the assessments will identify gaps and resources from which to **build upon existing substance use** prevention and treatment activities as well as **community-based recovery support** services.”

- Deliver evidence-based treatment interventions that include:
 - Medications
 - Psychosocial interventions
- Report progress
 - Increasing availability of medication assisted treatment for OUD
 - Reducing opioid-related overdose deaths
- Describe how they will expand access to treatment and recovery
- Advance substance misuse prevention in coordination with other federal efforts
- Supplement and not supplant existing prevention, treatment and recovery activities
- Improve retention in care:
 - Chronic care model
 - Innovative model

Expectations

Service array based on the needs identified in the WV State Targeted Response (STR) strategic plan.

Five percent of grant funds can cover administrative/infrastructure costs

Two percent of grant funds can be used for data collection and reporting

- Client level data collection and reporting

Ensure all available resources are leveraged

- Prevention
- Treatments
- Recovery Support Services

Coordinate activities with other funding sources including SAMSHA and CDC to avoid duplication

Provide SAMSHA required evidence-based treatments, practices and interventions

Make available FDA-approved medication-assisted treatment (MAT) to those diagnosed with OUD

- Methadone,
- Buprenorphine/naloxone products
 - Single-entity buprenorphine products
 - Tablets

- Films
- Buccal preparations
- Long acting injectable buprenorphine products
- Buprenorphine implants
- Injectable extended-release naltrexone

Medical withdrawal (detoxification), if performed, must be accompanied by injectable extended-release naltrexone

Employ effective prevention and recovery support services ensuring individuals are receiving a comprehensive array of services across the spectrum of prevention, treatment and recovery

Award recipients are expected to begin providing services by the **third month** after the grant is awarded

“Medical withdrawal (detoxification) is not the standard of care for OUD, is associated with a very high relapse rate, and significantly increases an individual’s risk for opioid overdose and death if opioid use is resumed.”

SAMSHA

Required Activities

Implement service delivery models that enable a full spectrum of treatment and recovery services that result in:

- Positive treatment outcomes
- Long-term recovery

Implement community recovery support services:

- Peer supports
- Recovery coaches
- Recovery housing

Implement prevention and education services including:

- Training of peers and first responders on recognition and response to overdose
- Community prevention efforts through messaging
- Purchase and distribution of naloxone with training on usage

Ensure that all applicable practitioners obtain a DATA waiver

Develop strategies to eliminate or reduce the treatment costs for the uninsured and underinsured

Examples include:

Hub and spoke models

Federally and state regulated Opioid Treatment Programs

MAT Programs in EDs, Urgent Care Centers, pharmacies, inpatient, intensive outpatient, primary care or other clinical settings where MAT is provided and linkages to psychosocial services

Provide treatment transitions and coverage for patients reentering the community from criminal justice or rehabilitative settings

Provide SAMSHA-funded Opioid Technical Assistance and Training (TA/T) on evidence-based practices to healthcare providers in the state who render services

Allowable activities:

- Address the barriers to receiving MAT by:
 - Reducing cost of treatment
 - Developing innovative systems of care to expand access to treatment, engage and retain patient in treatment
 - Addressing discrimination associated with accessing treatment or limiting treatment
 - Supporting long term recovery
- Support innovative telehealth strategies in rural and underserved areas
- Develop and implement tobacco cessation programs, activities and other strategies